THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. VII.] WEDNESDAY, NOVEMBER 21, 1832. [NO. 15.

M. BROUSSAIS' ACCOUNT OF HIS OWN DOCTRINES.

In a Letter to the Académie des Sciences, dated August 6, 1832.

GENTLEMEN,—A physician who has passed the best part of his life in laboring for the advancement of the science which he cultivates, formed long ago the design of laying before the Académie an account of his labors, and of the changes which he has seen effected in the healing art.

It was blameable, no doubt, to have deferred till now the accomplishment of that design; nor can any better apology be offered for the delay than the desire which the author had of rendering those propositions more convincing which he wished to infer from his observations, and the changes of which he is about to speak. He comes, in short, gentlemen, to request a brief audience; for he has felt the want of your support in seconding his efforts, and those of his co-operators, in a work which he believes to be useful to society. Anxious not to waste the time which you so usefully devote to the progress of knowledge, he will at once broach the subject upon which he is desirous of your consideration.

Medicine, as every one knows, is the science which teaches us to recognize and to treat the diseases of living beings; but we shall confine our remarks to those of the human species. Medical men, then, are, as it has been said, the ministers of nature; men devoted to acts of benevolence and mercy; men whose great object is the doing good to their fellow-creatures. Nothing, consequently, is more natural than that they should be ever desirous of the means.

While yet a youth, filled with these ideas, the individual who has the honor to address you felt himself (even from the year 1804) unpleasantly affected, from his imperfect ability in the military hospitals, to perform the delicate duty which the government had imposed on his conscience. Was it his fault that he was not more successful in the practice of his profession, or the fault of the system in which he had been brought up? He worked incessantly for five years, and in 1809 appeared his *Histoire des Phlegmasies Chroniques.*

Remote from Paris, where, indeed, he was little known, and a stranger to all manner of intrigue, he had no opportunity of setting forward this work at the time of the *concours* for the decennial prizes, in 1811. He obtained, however, an honorable notice on the occasion—an encouragement which had a powerful effect in supporting his zeal and redoubling his exertions.

The history of Chronic Inflammations is a work wholly experimental. At the time it was written those diseases were scarcely known. Pugol de Castres (of whom scarcely any one dreamt, but who was speedily exhumed upon the appearance of this work) had treated only of suppurations of the visceral cavities: those slow and insidious inflammations which have their seat in the membranous tissues in the chest and abdomen were completely overlooked by the physicians of the age. Pinel had given them no place in his Nosography—there was nothing in lieu of them but certain *organic derangements*. Corvisart, who so eminently possessed the art of exploring disease in the functions, had arrived at no correct notion of them. He knew how to determine the seat of a tumor in the viscera, but he could give no account of its nature, if it was not connected with pulmonary consumption, or malady of the heart; he paid no attention to what was commonly called organic derangement, while he saw no cause for the slow but gradual decay of the patient, except in a state of debility or cachexy—terms which conveyed to the mind nothing, but which at the same time, unfortunately, supplied wrong indications for the treatment.

The History of Inflammations threw light upon all those points hitherto obscure; it showed how inflammation was principally instrumental in the origin of those adventitious masses which developed themselves among the viscera; it exhibited how, under another form, the same inflammation invaded insensibly the tissue of their membranes, and brought on that state of emaciation which was usually attributed to the feebleness of the solids and the depravation of the liquids. It did more; it proved that those weaknesses and depravations were often curable; it determined the period of their being so, and the mode of subduing them.

From that moment, science had a new face: *organic diseases*, so vaguely understood before, had now a sense that every medical person could comprehend. The great business, then, was to palliate their direful effects—to prevent them, when their germs became visible; and practice assumed a rational form in respect to this important section of our physical ailments.

The History of Inflammation was, however, merely the first step towards that reform of which practical medicine stood so much in need. The class of fevers was in no more satisfactory condition to the understandings of men of sense, than those of the cachexies had been. Continued fevers presented themselves in general to practitioners under two very different aspects: the one they attributed to the inflammation of some particular organ; the other, which they called *essential*, was deemed independent of all local affection. The cause of the first was found in inflammation of the brain, and went by the name of *encephalitic*; or in that of the lungs, or of the abdomen, with a phlegmonous form—that is to say, with a pulsating tumor and burning heat; or in that of the peritoneum; or, finally, in any or all those inflammations which their situation at the surface rendered appreciable to the sight and touch of the practitioner. I say that all these febrile movements accompanying palpable inflammations were apprehended as they should have been—being attributed to their true cause. But *essential* fevers were supposed to have no *locale*: nobody knew to what to refer them; and in this state of

ignorance it was attempted to characterize them, either after their predominant symptoms, or other data still more obscure. Was the serosity of the bile predominant, they were called *bilious fevers*: was there apparently a superabundance of mucus in the fæcal matter, they were called *mucous*, or *pituital* fevers: was the heat remarkable, they were called *hot* fevers: the body cold—*cold* fevers; and if the patients at the same time complained of a raging heat within, they gave them another name.

When the powers were sunk in fevers, they were called *asthenic* or *adynamic*: if the body exhaled a repulsive fœtid odor, they were styled *putrid fevers*, although many physicians of the best sense rejected with contempt such a denomination, aware that putridity was incompatible with life. Other fevers were *nervous* or *ataxic*, and others called after the country or place where they most prevailed: thus we have had the camp, the prison, the hospital, the Hungarian, the Low Country, fevers: we have had, in short, from the skin affections also, the fevers denominated the petechial, the miliary, the nettle-rash, &c. &c.

In some instances the name and character were derived from a supposed unknown and perfidious agent, which was ever deceiving the vigilance of the physician, and throwing him out of his calculations. Hence the *insidious* form. And when a better name could not be found to describe the danger of the complaint, we had the *pernicious* fever.

Let us not be misunderstood as attempting to depreciate the labors of those who have given us these results, for of such are the materials employed by modern writers for the structure of the evidence of science; and our gratitude and veneration are due to the laborious men who have supplied us with them. Our object is simply to show in a brief sketch the progress of the human mind in the acquisition of medical knowledge, and to describe the actual state of our art at the period in question. But we may offer our opinion.

And what, gentlemen, can you see of philosophy in the proceedings of the old school regarding these supposed essential fevers? Can you see in them a *science*? Alas! there is nothing there but a chaos and confusion; nothing but an exhaustless source of controversy, not merely on the nature, but, what is far more serious, on the treatment of disease. In fact, anything like agreement was rare; for in one and the same disorder, some would take their indications from the biliary or mucous secretion, while others would have recourse to the nervous system, or the debility, or putridity, of the patient.

Such was the state of medical science when, in 1816, was published the first edition of the *Examen des Doctrines Medicales*. This work, the fruit of a more extended experience, went far beyond its predecessor the *Histoire*: it inveighed strongly against the vagueness, the contradictoriness, and the insufficiency of the prevailing doctrines. It preached up the necessity of following another method in appreciating the symptoms of disease, both chronic and acute: it counseled not to proceed any longer in medicine by the formation of groups of symptoms. It showed, in short, that nothing was less reasonable than to call a group of ten or twelve symptoms the *cause* of the material alterations which were found in the organs after death.

The work in question proposed to consider fevers, as inflammations

are considered ; to determine the seat of the latent irritation which gives rise to the febrile state—a state which is itself but an excess of irritation, caused principally by the heart ; it traced fever to that latent local irritation in the viscera, as its cause, and suggested to take for the basis of the proper treatment, the influence of external agents on the *mobile* of the febrile condition, and consequently on the fever itself.

This method was eminently simple, unique, and consequently philosophical. Its novelty could not but raise a violent storm against it ; but, entrenched behind an imposing mass of facts, it stood its ground, and the history of the latter periods of French medicine can give a good account of its success.

One very remarkable circumstance deserves to be mentioned. In 1812 began that work which was presented to the world as a monument of French medical science—the great *Dictionnaire des Sciences Médicales*. Up to 1817 it bore the uniform coloring of Pinel's doctrine. From that time forth it became mottled with a mixture of the principles set forth in the *Examen*. Scarcely is it finished, when forth comes the *Dictionnaire Abrégé*, in which those principles predominate to such a degree, that they absolutely make up the greater part of its bulk. In the great Dictionary, fevers are still *essential* ; they are but symptomatic in the Dictionary abridged ; and the Dictionary in 18 volumes, which comes next in order, reduces those fevers considerably, and, moreover, everywhere displays the banner of the doctrine which the *Examen* advocates.

[M. Broussais then proceeds to notice other works of his, and among them his recent tract on the Cholera ; after which he goes on :—]

But, gentlemen, it is time to give you a summary and comprehensive view of the method we follow in the distinction and treatment of diseases, which we shall now attempt to do in the most succinct manner we are able.

This method has for its guides two phenomena which never abandon it at the bedside of the sick—motion and sensation. In fact, as long as the individual is alive, his animal substance will be affected by the influence of external agents, and hence will result, under given circumstances, certain perceptions for his consciousness. The sick man suffers ; but as sure as he suffers, observation descries in his suffering organs movements different from those of the sound state ! The sick man takes a remedy which does him a service—his sufferings diminish ; and *vice versâ:* but in the former case, his organs will be less disordered—they will more nearly approach the *hormal* rhythm ; while in the latter, they will tend to more and more disorder, and the disturbance will spread from the first organ to several others.

This being settled, the bases of medicine are settled also. No disease is ever in the first instance general ; it always begins in some one organ, and often in a single tissue of that organ, even when it depends on a cause which has effected an alteration in the fluids—as in the case of smallpox. If, then, the practitioner make use of his senses, and find out the primitive seat of the disorder, and if especially he ascertain the exciting cause of this rising disturbance, he succeeds most usually in arresting it, and the malady is stifled in its cradle. It is thus that the new French method has reduced, in a manner truly wonderful, the

number of severe fevers, or rather of those bad symptoms which are indeed now seldom met with, except where assistance has been tardily given, or where it has been entirely rejected. This is a fact well known; it is attested by all practitioners who have to deal with fever in the hospitals, civil and military. It is rare now to find among them any general or essential fevers; they are all reduced to affections simply local.

But what particularly distinguishes this method is, that it rejects no means, how empirical or powerful soever they may appear. We do not become bound to employ only one kind of remedy, for we believe that all kinds have their proper uses; but we take pains to appreciate their effect, and to accommodate them to the susceptibility of the organs disturbed. The action of the modifiers of the constitution is our constant study, and their effects on motion and sensation our guide in estimating their value. Whatever is injurious to the case in hand is thrown aside; but we do not reject its possible use in other cases.

Thus we have no system *à priori*, no preconceived ideas, no oath *in verba magistri*. If we have adopted for our guide the irritation and abirritation of the tissues, it is because we cannot by any possibility find others better.

We entreat you, gentlemen, that you will each individually reflect upon this subject, and ask yourselves how you generally judge that the prescription of your physician is or is not suited to your complaints. If you feel more fever, more agitation, less repose, and more suffering, you say to him, 'your remedy, sir, does not appear to me to be suited to my case;' if you feel, on the contrary, more calm, less agitation, and less suffering, you say to him just the reverse, and express all your gratitude. Well, then, gentlemen, these modifications, which you have each of you experienced, resolve themselves ultimately into the simple facts of motion and sensation (*le mouvement et le sentiment*), and the system which we pursue is nothing more than the interpreting their indication in maladies. But perhaps you will say, have we not had the system from the earliest times, and has it not been practised by all the sects? Common sense would suggest such a question; the truth, however, must be told—it has *not* been so. In a large number of cases it was usual to say to the sick, 'have patience, it is the remedy that is operating.' In others, as in the gout, for example, the expression was, 'I can give you no relief—your sufferings are necessary for nature's purpose, and you must bear them.' In divers acute diseases, where the remedies only augmented the fever, and the other bad symptoms, in place of soothing him, the practitioner would congratulate the patient, and tell him that it was necessary to keep up the natural powers, in order to effect a salutary crisis. How often have unfortunate creatures, parching with thirst, and dying for cold drinks, been obliged to gorge themselves with hot draughts, which they rejected with horror! This has been the practice, gentlemen, not very far away from you. Before the Cholera reached France, it was treated in this way: it was only with the greatest difficulty, and by dint of undeniable success, that the physicians of the north and east consented to cool their patients.

There are still many physicians who, in costive and painful states of the digestive organs, prescribe stimulants under which the stomach suf-

fers, and who bid the patient be of good cheer, as he will be benefited by his sufferings in the end. Others there are who have more regard for their patients' troubles, but do nothing more than change the remedy, substituting one mode of punishment for another (always preserving the principle), but never rendering them any real relief.

No, gentlemen; the art of sparing the sufferings and tortures of patients is not so ancient as you might suppose: it is a modern art, and an art which has made but little real progress, except under the happy influence of the method which we cultivate.

This method, gentlemen, is called the *physiological*, for it observes and deals with life in the abstract, the life of the organs, and *in* the organs, with reference to the agents which can exercise any influence upon them.

I have now laid before you, gentlemen, the principles of the *physiological* medicine—that medicine which good sense approves, and which keeps pace with the intelligence of the age—that medicine which has necessarily been adopted by all the ablest members of the profession, and by all whom their vocation or their circumstances induce daily to come amongst us. It remains for you, the *élite* of our men of science, to extend to it your encouragement. Only deign to consider it well, and you will be convinced that here is no chimera—that it has a real existence, and is of a nature to extend itself, and to attract the regards of all men who love to contemplate the advancement of all the predictions of the human mind. BROUSSAIS.

SULPHATE OF COPPER IN CHOLERA.

BY JAMES MORRAH, M.R.C.S.

MR. EDITOR—Believing that the following facts may lead to a more successful mode of treating the epidemic, I request that you will allow them to be made known to the public through the medium of your very useful publication.

On the morning of the 17th August, I visited a young woman, a dressmaker, 20 years of age. She had been under medical treatment all night for a severe attack of cholera. All the symptoms were present, and strongly marked. I had contemplated trying the sulphate of copper, in a few doses, in the first case I met with, having seen all the modes of treatment recommended fail. I ordered a scruple in an ounce of water to be given. The gentleman who was in attendance reported to me that it remained in the stomach a quarter of an hour, a strong proof of the diminished excitability of that organ. When the vomiting ceased (which was occasioned by the sulphate), the skin became warmer, the pulse more distinct, and the severity of the spasms very much mitigated. The stomach was now quiet. Two grains of calomel, and one tablespoonful of beef tea, were given every half hour; at night three drops of croton oil; soon after which the bowels began to act, exhibiting some improvement in the secretions. This patient very slowly recovered, but the urgency of the symptoms soon subsided after the vomiting produced by the sulphate of copper.

A. Cook, 30 years of age. August 19.—In this case, likewise, all the symptoms were present, and very severe. The same treatment was pursued as with the former patient, except that she had neither sedative nor stimulant, both of which had been administered to the former in the commencement of the treatment. The patient was able to come down stairs in a week.

Alderidge, 68 years of age, a cooper, August 26.—In consequence of a complete misrepresentation of his case, was ordered calomel, eight grains, with one and a half grains of opium. In an hour and a half after, the spasms became so severe that I was sent for. I found it a case of well-marked cholera, *without vomiting*. As his stomach was quiet, I ordered a purgative draught, and desired they would wait the result. I saw him four hours after: the spasms very troublesome, rice-colored stools, livid hands and face, &c. I gave him the sulphate, which vomited him in two minutes; soon after which the spasms ceased; indeed, he complained but once after. The calomel and croton oil were given as before, and he appeared to be going on well when I saw him last at 10, P. M. On the 27th he got out of bed at 3 o'clock, fancying that he wanted to make water. The attendant with difficulty got him into bed again. He died at half past 5.

On examination of the body, the lungs were found to have suffered extensively from frequent attacks of inflammation. The abdominal viscera presented the appearances usual in cholera.

King, about 25 years of age, September 1st, was found in a state of complete collapse by my assistant, Mr. Green, a very active and zealous young man. He administered to him the sulphate, which produced an effect like magic: this was followed by calomel and croton oil. At 7 o'clock, the family where he lodged thought him so well that they might get rid of him; they therefore sent him to the infirmary in Mount Street, Grosvenor Square. Mr. Green called there to report what he had done. There he was put under their own system, which, after a little time, was given up for one which succeeded in restoring him. This, I understand, was small doses of sulphate of copper and hydrocyanic acid.

It may be asked why I adopted the above treatment. My answer is, I saw that no reliance was to be placed on any plan of treatment hitherto adopted. I had often witnessed the prompt advantages gained by a brisk emetic in severe attacks of remittent fever, where the stomach had been so irritable as to reject everything. I determined to try the effect of an emetic in this devastating disease. Past experience pointed out to me the sulphate of copper, as a powerful emetic, and one, from its astringency, likely to restrain, in a great degree, the effusion, for secretion it cannot be called, into the stomach of the peculiar fluid which forms one of the characteristics of the disease. There are other advantages, which it is not necessary to enter upon. I hope I have said enough to induce others to try my mode of treating this enemy to the human race. I understand they are using the sulphate of copper now in the Mount Street Infirmary, but not in the same way.—*London Medical Gazette.*

CLINICAL NOTES.

BY JONATHAN SIBLEY, M.D. OF UNION, MAINE.

[Communicated for the Boston Medical and Surgical Journal.]

Puerperal Convulsions.

A LARGE healthy woman, twenty-three years old, who had reckoned her full time with her first child, finding herself indisposed in the night, called me very early in the morning. I found her with slight pains, walking about the house, and occasionally seating herself in a chair. In this situation she was attacked with a violent convulsion when I had been with her but a short time. I immediately took from her arm a pint of blood, and then carried her to her bed, entirely senseless.

After stating to the friends and attendants, as well as I could, in a few words, the situation of the patient, and endeavoring to fortify their minds against another attack, which we had much reason to fear; I made an examination, and found, to my great consolation, the os uteri *somewhat* dilated.

I sat attentively by my patient, and at every pain I endeavored to dilate the os uteri, and to increase the force of the pains by gently irritating the parts with my fingers. As the pains continued and increased in strength, the os uteri dilated, the child advanced, and the woman roused a little from her lethargy; but a second convulsion, in less than an hour from the first, checked the progress of the labor, and disappointed our hopes of a speedy delivery.

The woman had but feeble pains, and repeatedly very strong convulsions, two or three hours longer, when I felt, very sensibly, the responsibility of my situation, and told the friends and attendants that 'we should not succeed in this way.'

The os uteri being fully dilated, and the child presenting naturally, I very easily applied the forceps, and in a short time, with the aid of feeble pains, relieved the sufferer. The child was alive and well, and cried like any other child. I tarried with this woman several hours after she was delivered, and during this time she had no convulsions, but I was unable to make her know anything of what had been done.

The night following she had two or three convulsions more; but the effects of all went off in a few days, and she had a good *getting up*. This woman had a second child and did well. She never had anything like convulsions except at her first confinement.

P. S. Since writing the above, I have had another case quite similar; it was a first child—was managed in the *same way*, and with the *same result*. These two women continue to have children yet, but have no convulsions.

Trigemini.

A large healthy woman, who had borne two pair of twins, and several single children, became pregnant with three children. When she had reckoned a little more than eight months, she was taken in travail and sent for help. When I visited her she had been delivered of one child without any difficulty.

I tarried with this woman more than twenty-four hours before any other child was born, or before her situation was fully known. We were all satisfied that she would have a second child, and the woman occasionally said that she should have *two more*, but no one thought that her prediction would prove true. With the aid of feeble and distressing pains, I succeeded in obtaining a second child. When I attempted to take away the placenta with the two umbilical cords, I was defeated in my repeated trials; shortly, however, I found the cause of my disappointment in a *third* child, which still remained in the uterus.

The abdomen and uterus of this woman had been very much distended by the three children; but after two of them had been born, they were much relaxed and quite flabby, so that the feeble and irregular contractions of the uterus, which continued after the second child was born, had but a slight effect upon the third child, which still remained in utero.

The waters of the third child were not yet broken; the feeble and irregular pains had but little effect, and I could see no flattering prospect of a speedy delivery. But these difficulties did not detain us long. Blood soon gushed from the vagina in such a current, that I was sure the woman could bear such a loss but a few minutes. Alarming dangers attended us, and a death much more alarming was soon to be expected. No time could be lost. I introduced my hand far into the uterus, and seized the child by one foot (the waters being unbroken), turned it, and took it away without any difficulty. I think I could not have been engaged in this operation more than one or two minutes. As soon as the child was born, the blood ceased to flow, and the placentæ (one double and one single) came away in a reasonable time.

This operation of *turning* is the first and only one of the kind that I ever performed, to save a woman in the case of uterine hæmorrhage; and the ease and expedition with which it was performed, depended, I think, in a great measure, on the size of the child, which was very small. The vital fluid, in this case, was nearly exhausted; but the woman recovered, and is now the 'nursing mother' of three female children more than six months old.

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BOSTON, NOVEMBER 21, 1832.

RECORD OF CHOLERA CASES.

We have received a very satisfactory document from Albany. It is an authentic record of all the deaths by cholera that have occurred in that city, arranged numerically in the order of their occurrence, making in all 336—those only that occurred in persons under 16 years of age being omitted. Of these latter, it is understood there were about 110. The sex, age, place of nativity, habits, temperament, and other particular circumstances of each patient, so far as could be collected, are briefly and

explicitly stated by words or signs, so that the whole statistical history of the fatality of the disease in that place is contained in about seven quarto pages. The names, residence, and occupation of each patient are also on record, though, from motives of delicacy, they are not published. The object of the exclusion of the younger portion of the victims of this malady is twofold. In the first place the epidemic prevailed in the summer season, at the period when the common and infantine cholera are most rife; and hence much difficulty was found in obtaining an exact account of the proportion of deaths among children which should be set down to the malignant form of the disease. The other reason was that the whole investigation has been made by the New York State Temperance Society, with an express view to ascertain the degree in which the use of ardent spirits may be regarded as predisposing to the disease, or disarming the system of its means of resisting it; hence the object would not be aided essentially by the additional labor of collecting the facts attending the fatal cases in younger subjects.

The very thorough manner in which the Executive Committee have executed this task does them great credit, and it is needless to show how great a fund of important facts might be elicited by similar efforts on the part of other Societies in other States.

The following is an abstract of the cases, and the testimony of the faculty to the truth of the record.

Males, 213; Females, 123. Native White, 171; Do. Colored, 24. Foreign, Irish, 108; English, 15; Scotch, 4; Welch, 2; German, 8; French, 1. Unknown, 3.

Intemperate, 140; Free drinkers, 55; Moderate drinkers, mostly habitual, 131; Strictly temperate, 5; Members of Temperance Society, 2; Idiot, 1; Unknown, 2.

Premonitory symptoms, diarrhœa, certain, 282; remainder unknown.

Ages. 16 to 20—11; 20 to 30—70; 30 to 40—108; 40 to 50—55; 50 to 60—47; 60 and upwards, 36; Unknown, 9.

The undersigned physicians, members of the Medical Staff, attached to the Board of Health, residing in the city of Albany, have examined the preceding document of facts, and as such we take pleasure in recommending its publication and general circulation.

Jona. Eights, M.D. *Chairman of the Medical Staff.*

William Bay,	Henry Greene,
C. D. Townsend, M.D.	J. James,
Joel A. Wing.	Peter Wendell.

Barent P. Staats, *Health Officer.*
Henry Bronson, *attached to North Hospital.*

In this State, the Medical Society has commenced a series of measures to obtain accurate information on this subject, by issuing the following circular. It is to be hoped that this paper will not meet the fate of most similar addresses—be read, approved, laid aside and forgotten; but that

each practitioner will feel himself called on to add his share to the common stock, from which he as well as his fellow men expect to derive benefit.

Boston, October 12, 1832.

Sir,—The Counsellors of the Massachusetts Medical Society have adopted measures to collect information in regard to the epidemic which has appeared in this country, in the season past. Directed by them, the undersigned Committee have the honor to address to you the following questions :—

1. What have been the prevailing diseases in your sphere of practice, since January 1st, 1832 ?
2. Has there been an unusual tendency to cholera morbus, or to diarrhœa, within your knowledge ?
3. Have you seen any cases of malignant cholera, within the period above mentioned ? In what circumstances did they occur ?
4. Have you seen any cases of disease with symptoms peculiar to malignant cholera in any former period ?
5. What treatment have you found most useful in the disorders named above, so far as you have witnessed ?

The Committee respectfully solicit you to enter into detail, with a minuteness proportionate to the importance of the disorders you have had opportunity to observe. And you will please to direct your answers to George Hayward, M.D., Corresponding Secretary of the Massachusetts Medical Society.

We have the honor to be your very obedient Servants,

(Signed,) John C. Warren,
George Hayward,
E. Hale, Jr.

REMAINS OF DR. SPURZHEIM.

After the bust was taken of this celebrated stranger, and a cast made of his brain, the body was properly embalmed and deposited in a leaden coffin, which was enclosed in another of rich mahogany. The abdominal viscera, the thoracic viscera, and the brain, were severally preserved in separate cases. The brain was unusually large, and weighed *fifty seven ounces.*

At a meeting of the Boston Medical Association, especially called on this occasion, and held at the Massachusetts Medical College, where the remains of the deceased still lay on the 14th of November, the following resolutions were *unanimously* adopted, and ordered to be published.

The Boston Medical Association having received with great satisfaction the visit of the late Dr. G. F. Spurzheim ; and their acquaintance with him having inspired them with high respect for his researches in Anatomy and Physiology, and a deep interest in his opinions on the moral and physical improvement of man ; therefore

Resolved, That we view the decease of Dr. Spurzheim and the termination of his labors, as a calamity to mankind, and in an especial manner to this country.

Resolved, That a respectful letter be addressed to his friends, in Europe, by the Secretary of this Association, detailing an account of his labors, his illness and death, and the expressions of public respect paid to his memory.

Resolved, That this Association, as a body, will attend the funeral obsequies of the deceased.

Resolved, That we recommend to our fellow-citizens the opinions of the deceased, on the improvement of our systems of education; and especially what relates to the developement of the physical powers and moral dispositions; and as they can no more expect to hear them, from the lips of our lamented friend, that they lose no time in making a practical application of them, to the existing state of our institutions, for the culture of the human mind.

At 12 o'clock on Saturday, November 17th, the members of this Association assembled at the College, and together with the students attending the medical lectures, followed the body to the Old South Meeting House. At 3 o'clock in the afternoon this ancient and spacious edifice was crowded with citizens who had assembled to pay the last tribute of respect to the departed. A very just and impressive eulogy was pronounced by Dr. Follen, Professor in Harvard University; and an appropriate and beautiful ode, composed by Rev. Mr. Pierpont of this city, was sung by the Handel and Haydn Society.

After these services the body was borne by a select number of the medical friends of the deceased, and followed by the Medical Association, the gentlemen who had the conduct of the funeral rites, and a large concourse of citizens, all of whom had taken an interest either in the labors, the character, or the fate of Dr. Spurzheim, to the receiving tomb of the Mount Auburn Cemetery. Thus closed the earthly career of an individual who made man his study, and the happiness of man the chief object of his life and labors.

LOCOMOTION OF MEDICAL MEN.

The following extract from the London Journal of Belles Lettres will not be unacceptable, as a relief from the more serious subjects which the times have called us recently to serve up for the instruction of the reader.

Sir Walter Scott has remarked, or is said to have remarked, that the only thing in nature he does not understand, is, Why a dog turns himself round three times before he goes to sleep? As a pendant to this might be given the query of, Why a medical man goes to sleep without turning himself round at all? oscillating backwards and forwards between the county town and the village, like an oyster between the panels of his shell, and, like that respectable conchologist, never clearing the rock upon which destiny first cast him?

All civilized beings, with the exception of medical men, have their seasons for locomotion, their recreative journeys, their accredited furloughs from campaign duties; but this proscribed race, having by strange fatality been excluded from the general amnesty, now appear even themselves to acquiesce in the unjust decision, and to be satisfied with astronomical motion,—the consciousness that they swing through the blue ether with a velocity equal to that of their most volatile patients, and as the earth turns round upon its axis, '*turn with it, heads or tails!*'

It boots not to the faculty that the steam-engine has gone far to annihilate geographical distance—that a highway has been run from the standard in Cornhill to the Theban obelisks—and that America, in the exuberance of courtesy, has literally turned herself inside out to the admiration of strangers, having by the aid of canals and rail-roads made her inland towns lie coast-wise open to observation. They must not touch the

forbidden fruit, lest they should be amerced in the fee simple of custom and credit; but must continue to draw mathematical lines in the parallelograms of their respective districts, and to practise the monotonous see-saw of the ursine sloth with the inveterate assiduity of the beaver.

The citizen has his July, in which he visits the rarities of other kingdoms; the country shopkeeper makes his annual escape from the counter to pick up pebbles on Margate beach; even Oxford and Cambridge have their gaol release, when the disembogued students do the duty of loyal subjects, by increasing the custom-dues at their respective ports of embarkation, on pilgrimages to the uttermost ends of the earth; whilst men, peculiarly fitted by education and practical talent to derive enjoyment from a cosmopolitan survey, and to increase knowledge by coining the golden dust of opportunity into a legal tender, stay forever at home, as if afraid confiscation of property would visit the misdemeanor of breathing the air of a distant province. Now this is a crying evil—a sin or a shame, as it may chance to be by choice or necessity: *voyons un peu.*

The causes which induce medical men to stay at home, when all the rest of the world choose to travel, appear resolvable into three: to wit, the love of science, the love of human nature, and the love of money.

It may be said of the love of science, that it may possibly prompt a medical man to wish to see every sickness at an end—to finish his work; in which case he might chance to find himself in the predicament of the countryman, [who stood in a doorway in Cheapside 'till the crowd had gone by.' But it might be replied to this, that, however engrossing the details of professional routine, an occasional intercourse with the leading men of his class, with an opportunity of verifying some of the new theories always afloat upon scientific subjects, seems absolutely required of the country practitioner by the duties of good citizenship. If he be a man of bold and original intellect, his reach of mind, often nearly valueless in the drudgery of provincial practice, may refresh itself and benefit others by an occasional divergement from his beaten track. If, on the contrary, of inferior calibre, one who follows scrupulously the data of the schools, who feels responsibility a weight, and decision an embarrassment, it appears still more incumbent on him to freshen his powers by recurrence to the fountain head of knowledge—to make himself conversant with the nascent doctrines, their tests and authorities—shake himself in the light of day from the dust of prejudice—look up at the luminaries of his system, and set his watch by the sun. There is always something to teach or to learn in London, the Mammoth of cities. The truths ever orally circulating there in scientific society, would form a stock in trade of a handsomer description than the *distant* or *disaffected* are fain to imagine. Conversation in London is to the mental appetite what human flesh is said to be to the palate of the lion—nothing is tasteworthy after it. Whether from the rapid accumulation of facts passing beneath their notice, or other causes, the London practitioner seems to possess an eye as quick in detecting disease, as is that of the experienced lapidary in ascertaining the gem: he is so conversant with its appearance under every variety of form and color, that he decides as by intuition; whilst the country artisan, of perhaps not meaner powers, having learned his business through a slower medium, must apply his test ere he can authenticate it. It is worthy of notice, that sick folks in the country are perpetually finding out, when they repair to the metropolis for relief under their several ailments, that they have been injudiciously treated in the provinces; and it is likewise noticeable, that when a London physician, considering a case

from the country, prescribes a change of treatment, it is usual to legislate for his patient upon a broader principle, to merge local disease in general, and to carry the war from the outposts to the citadel. These anomalies would happen less often, probably, if the faculty in the provinces, as well as their patients, made a religion of an annual journey to London; or occasionally went a little farther still, to investigate the phenomena of a disease in its locality, east or west, as it might happen. It seems ungrateful to allude to a reversion of a decree of the lower courts in the great emporium of science, when we consider the exceeding fatigue of the life of a country practitioner. 'Rather than submit to the slavery and drudgery a provincial goes through,' observed a London practitioner to me, 'I would slide through life upon the sum that my education cost.' But why does the country practitioner submit to it? Why does he not wrench off at least a tithe of the round year for his own private benefit? Why flicker about like the flail of a threshing machine, rooted to his tiny locality? If he will devise the punishment of a suttee for himself, the public can only say, like Dan in the Irish legend to the flying eagle who soared up with him till he was tired, 'My dear sir, who axed you?'

The love of human nature, set forth as a second objection to the locomotion of medical men, may be met on its own ground, by the old adage that charity begins at home. Self and family *versus* the public, would, in such a cause, gain the verdict in any court of equity in Christendom. I do not understand why a man should be expected to stay at home always for his patients, unless they return the courtesy by staying at home for him; the golden rule is quite forgotten by those who are selfish enough to desire it. The enjoyments attendant upon change of scene are so numerous, and its physical effects upon the frame so beneficial, that it is a grievous injustice to any class of men to require their abiding presence on one spot of earth. An unrelieved residence in the same place *belittles* the mind (to borrow an Americanism). The sanative effects of travel on the mind resemble those of a vapor-bath on the body, which purifies from the miasma of contagion, and gives tone and elasticity to the fibres. Did ever any created being hear of man, woman, or child, however predisposed to illness, staying at home, lest he, she, or it, should not, under possible disease, have the advice of the usual medical attendant? Would not such an iota in the conduct of any one make his next of kin look about him a 'trifle?' Would it not be too improbable for the writer of fiction to work up in the way of illustrative peculiarity? And yet, this is the principle a medical man must act upon, if he tarry at home out of tenderness to the feelings of his patients. Let his patients go one way and himself another—trusting to Providence or the police—and either party will pick up new acquaintances to physic or be physicked by, and both will be merry. 'How very kind everybody is!' said a kinswoman of mine when the boatmen on the Medina took especial care of her during an aquatic excursion; and she was right—people are kind, very kind (till they are affronted)—it is human nature to be so: any action contrary to kindness we reject as foreign to our constitutions; for lo! as saith Confucius, we call it '*inhumanity!*' and there is no question but that folks who fall sick on journeys are, for the most part, satisfied with stranger medical men; and when they write to their friends, will declare, under their sign-manual, that Mr. So-and-so was uncommonly pleasant, and they felt quite at home with him, &c. &c. The besetting sin of medical men seems their *exclusiveness;* each, fancying no other

can manage a matter as well as himself, would fain be persuaded that a suspension of the laws of nature would follow his temporary absence from the sphere of his diurnal rotation. A ludicrous anecdote, illustrative of this, occurred a few years ago at Brighton: A little boy, ill with quinsy, was attended conjointly by a physician and surgeon; the crisis of the disorder came—messengers were despatched for the faculty—the physician arrived first—the child was at the last gasp—the physician opened the throat, and gave him instant relief. Presently the surgeon came running, and, when he heard what had been done, expressed disapprobation, saying, as audibly as embarrassment of breathing allowed him, that it was a 'very indelicate thing for a physician to perform any surgical operation whatever.'

In the third objection, the love of money, or rather the fear of losing it, lies, perhaps, the gist of the question. But here, if I possessed the pen of a ready writer, I should be proud to employ it in eulogy of the benevolence of a class of men of whom 'many have gladdened as well as lengthened life' (to generalise the elegant compliment of Pope to his friend Arbuthnot). 'Let the thief go first, and the executioner follow,' was the reply of Diogenes to a question of precedence between a lawyer and physician. This was, to be sure, but an equivocal compliment of the cynic; but it proves, that early in the history of the world a difference was acknowledged between the rapacity of the two classes. The faculty, however, no longer follow their vocation on foot, but are like the ancient Britons in their mode of warfare, 'some slay in chariots, and some on horses.' From the days of Linacre to those of Warren, the names of medical men eminent for liberality, as well as talent and sagacity, are prominent in the splendid catalogue of British worthies. Hunter and Ratcliffe, Mead, Heberden, Arbuthnot, and Fothergill, are but a few of the muster-roll. But for household pleasantness and minor hospitalities, commend us to the manes of Sir Walter Farquhar! the courtly Sir Walter! who had counted the pulses of all the duchesses in the kingdom, but never forgot the face of an old friend; his solitary fault was swerving a little from the perpendicular when he found himself on the shadowy side of fourscore.

The College of Physicians was founded in 1518, about which time the study of medicine in this country may be considered to have made for itself a 'local habitation.' This date, little anterior to that of the establishment of Protestantism in England, gives nearly the same chronology to the physic and divinity of the country. The students of the latter, if we believe their affidavits when they enter on professional duties, deny a search after temporalities to be their main object in entering the profession; whilst the medical men never pretend to anything more than a terrestrial vocation. The clergy have a state provision, the faculty provide for themselves. The education of a medical man is prolonged and expensive; and when he has received it, being for the most part a younger son, he is considered by his kindred to have the title-deeds of his estate handed over to him. The first years of practice are seldom lucrative, the latter are not to be depended on in a profession unavailable by proxy, that has no sinecures to bestow, and admits no slumbering on their laurels to its soldiery; yet, with all these drawbacks, it is a curious fact—a solecism in a page of the book of human life—that the liberality of medical men, both in *commission*, if we look only at public grants in their names, and in *omission*, if we note in various neighborhoods the laxity with which they press money claims (albeit always expected to be forthcoming themselves at the call of the public), will brave comparison with

the liberality of the spiritual pastors of their respective vicinities. I will not press the parallel further, at a time when the tide of public opinion, (or say, if you like it better, detached currents of public opinion,) are setting in like a *malestroom* upon the subject of the temporalities of the church of England; but will observe upon the particular of liberality, that the faculty have given 'good measure, pressed down, and shaken together, and running over,'—and may it be meted unto them of the same! *Et c'est tout*, as the French say when they have expounded themselves, and 'to return to our mutton:'—if the resignation of a few weeks annually would diminish a medical man's income by striking off more than the average gains of those few weeks, excursions must be postponed, like Dr. Drowsy's sermons, to a fitter opportunity; for, so far from travel then benefiting the health and increasing happiness, it would be very possible, with a foreboding of pecuniary shortcomings, to commit indigestion under the eye of Mont Blanc, and to jaundice the liver with the spray of Shauffhausen. But I contend that such would not be the case. 'Cut boldly,' said the augur to the King of Rome, and he severed the whetstone accordingly. Any medical man determined to free himself from his *strait-waistcoat* would be little likely to lose patients of the more substantial class; and of chance customers he would have neighbor's fare when his brethren respectively journeyed likewise. And I doubt not but such an enterprising individual would soon make himself so popular and *distingué* by his novel line of conduct, as to furnish an argument on the subject against which one might lean one's back as a post.

When I contrast the joy and health attendant upon an excursion down the Rhine, as set forth by Dr. Granville, to be performed at a very fractionary charge of time and money, with the wearisome toiling at the oar of a country practitioner along the warm channel of his daily progress, I console my benevolence by indulging the fantasy of Soame Jennings, who wrote a whimsical essay to prove the doctrine of transmigration by the well-balanced retribution it afforded for every misdemeanor. He felt certain, he said, that many a court lady would revive in the person of one of her carriage-horses, and that the great Khan of Tartary, the desolator of Asia, was at that instant chased by the overseers from parish to parish in search of a settlement, under the semblance of a weary traveling woman, with two small children hanging at her back, and two in her arms. Hence I entertain no doubt that the individuals so hardly dealt with, of whose untoward fate we so amiably volunteer a project of amelioration, are now only expiating offences against the law of kindness, committed when, in a prior state of being, they inhabited this earth of ours as *nervous ladies*, whose egregious selfishness prompted them to oust their medical attendants from the shelter of their own roofs at all hours of the night and day, without regard to times and seasons, to administer to imaginary ailments!

Whole number of deaths in Boston for the week ending Nov. 16, 39. Males, 20—Females, 19.
Of spasms on the lungs, 1—inflammation on the brain, 1—typhous fever, 2—croup, 3—unknown, 3—consumption, 5—syphilis, 1—rheumatic fever, 1—apoplexy, 1—hooping cough, 1—dysentery, 1—throat distemper, 2—hydrocephalus, 1—infantile, 2—lung fever, 2—scarlet fever, 1—worms, 1—paralysis, 1—cholera, 1—inflammation in the bowels, 1—teething, 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL
IS PRINTED AND PUBLISHED EVERY WEDNESDAY, BY CLAPP AND HULL,
At 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *Post-paid.* It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Price $3,00 per annum in advance, $3,50 if not paid within six months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*